

PD4000/30 664

(Requestor's Name)

(Address)

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(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

ATX1

COPY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: COLORPRO FINISHERS, INC.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for :

☒ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: KIM ZAKARIAN

Name (Printed or typed)

3169 SANTA MARGARITA ROAD

Address

WEST PALM BEACH, FL. 33411

City, State & Zip

561-296-4872

Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ATX1

ARTICLE I NAME

The name of the corporation shall be:

COLORPRO FINISHERS, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1655 PALM BEACH LAKES BLVD., Suite 403
WEST PALM BEACH, FL 33401

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PAINTING CORPORATION

ARTICLE IV SHARES

The number of shares of stock is:

7500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

KIM ZAKARIAN, PRES.	ALVARO AHAD, CEO	CHRIS MARGAITIS, VP
3169 SANTA MARGARITA RD.	2906 FONTANA LANE	6652 DUVAL AVE
W. PALM BEACH, FL. 33411	ROYAL PALM BEACH, FL. 33411	WEST PALM BEACH, FL. 33411

ARTICLE VI REGISTERED AGENT

The NAME AND FLORIDA STREET ADDRESS of the registered agent is:

KIM ZAKARIAN
3169 SANTA MARGARITA RD
WEST PALM BEACH, FL. 33411

ARTICLE VII INCORPORATOR

The NAME AND ADDRESS of the Incorporator is:

KIM ZAKARIAN
3169 SANTA MARGARITA ROAD
WEST PALM BEACH, FL. 33411

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

X Kim D Luccia Zakarian
Signature/Registered Agent

X Kim D Luccia Zakarian
Signature/Incorporator

X 9-9-04
Date

X 9-9-04
Date

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA